

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health
Health Regulation Administration



BOARD OF MEDICINE

APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE TO PRACTICE MEDICINE AND OSTEOPATHY IN THE DISTRICT OF COLUMBIA

This package contains the forms to apply for a license to practice medicine (allopathic or osteopathic) in the District of Columbia. If you are applying by examination or re-examination (United States Medical Licensing Examination (USMLE) - Step 3), you should also have an examination registration packet for the exam in addition to this package. For all other application methods, all of the forms that you need to apply are included in this package.

THE APPLICATION PROCESS

The Board normally meets the last Wednesday of each month. Within two weeks after the Board meeting you should receive your license. If you are applying by other than examination or re-examination, you may submit your application at any time. However, generally only applications *completed* at least one week before the meeting of the Board are considered at the next scheduled meeting. This lead-time is necessary for staff review and preparation. Please do not request an exception. Each application is equally important to us. The best way to expedite your application is to apply and complete your application as early as possible. The Board will only review completed applications.

If you submit an application that is incomplete or otherwise deficient, staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

All new license applications and documents, except for the computer-based testing examination fee form, should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Board of Medicine
825 N. Capitol Street, NE
Suite 2224
Washington, DC 20002

Checks or money orders for application and license fees should be made payable to Promissor and submitted along with your application. Checks or money orders for examination fees should be make payable to "USMLE" at the address shown on the examination fee form. Do not send cash.

As a candidate, you must apply to the Board of Medicine for licensure at the same time you apply to take the examination. Once your are approved to take the examination, you will be contacted by the Federation of State Medical Boards of the United States, Inc. (FSMB) to schedule your examination.

If you have any questions, call DOH/HPLA's Customer Service line at 1-888-204-6193 between 9:00 a.m. and 4:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required notarization or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

METHODS OF LICENSURE AND QUALIFICATIONS

There are five basic methods for becoming licensed to practice medicine in the District of Columbia. These methods include:

Examination:	First attempt in D.C. to pass USMLE, Step3.
Re-examination:	Second or subsequent in D.C. to pass USMLE, Step3. Note: after 3 failures in any jurisdiction of USMLE, Step3, applicants are required to complete an additional year of ACGME or AOA approved postgraduate training.
Waiver of Exam:	Prior successful completion of USMLE (Steps 1, 2 & 3); NBME or NBOME (Parts 1, 2 & 3), or FLEX (Components 1 & 2; or Components 1, 2 & 3 in a single sitting for pre-1985 examinees); the licensing examination that is administered by the licentiate of the Medical Council of Canada; combinations of FLEX, NBME, and USMLE as specified in section 4605.14 of the Medical regulations; or passing a state constructed examination that is judged by the Board to be substantially equivalent to the requirements of the license law prior to June 30, 1979, and meet other requirements.
Eminence 1*	A foreign trained physician who has practiced for at least ten (10) years, has successfully completed a two-year clinical training program in the United States, has a ECFMG certificate and a foreign license in good standing, can demonstrate eminence to the satisfaction of the Board and meet other requirements.
Eminence 2**	A foreign trained physician who has practiced at least ten (10) years, who is nominated by the Dean of an accredited school of medicine in District of Columbia, the Director of the National Institutes of Health or the Director of an accredited and licensed hospital in the District of Columbia, and meets other requirements. License is limited to practice of a specialty at the nominating institution.

* See DC Municipal Regulations (DCMR) Title 17, § 4608.

** DC Act 11-26

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for license to practice medicine in the District of Columbia shall meeting the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not been convicted of crime of moral turpitude which bears directly on the applicant's fitness to be licensed.

EDUCATION AND EXPERIENCE REQUIREMENTS FOR APPLICANT EDUCATED IN THE UNITED STATES AND CANADA

A. An applicant educated in the United States or Canada shall furnish proof satisfactory to the Board that the applicant has successfully completed the following education and training:

1. Two Years of premedical studies at a college or university accredited at the time of the applicant's matriculation by an accrediting body recognized by the Secretary of the United States Department of Education or Council on Post-secondary Accreditation where each academic year extended over a minimum of 32 weeks of instruction and included the following subjects:
 - a. Biology,
 - b. Inorganic Chemistry,
 - c. Organic Chemistry; and
 - d. Physics
2. The equivalent of 4 years of instruction and training at a school which is legally chartered or organized in the United States or Canada and was accredited at the time of the applicant's graduation by the Liaison Committee on Medical Education (LCME) of the American Medical Association (AMA), the American Osteopathic Association (AOA), or the Committee on the Accreditation of Canadian

Medical Schools. Applicants must be in receipt of the degree of Doctor of Medicine or Doctor of Osteopathy; and

3. Two (2) years of postgraduate clinical training, except that applicants who graduated prior to January 1, 1990, and applicants using Step 3 of the United States Medical Licensing Examination as part of their examination requirement, shall only be required to have one (1) year of post graduate clinical training. **All postgraduate clinical training must be at a hospital or health care facility licensed in the United States in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or in Canada accredited by the LMCC.**

- B. Applicants shall arrange for a certified transcript of the applicant's premedical and medical education to be sent directly to the applicant in a sealed envelope from the institution so that the transcript in a sealed envelope can be submitted with the application.

EDUCATION AND EXPERIENCE REQUIREMENTS FOR APPLICANT EDUCATED OUTSIDE THE UNITED STATES AND CANADA

- A. Applicant's educated in a foreign country shall furnish proof satisfactory to the Board that the applicant's education and training are substantially equivalent to the requirements for US and Canadian graduates by submitting:

1. Proof satisfactory to the Board that the applicant has received the equivalent of two academic years of instruction at the post-secondary level, including courses in following subject:
 - a. Biology,
 - b. Inorganic Chemistry,
 - c. Organic Chemistry; and
 - d. Physics

Please note that the curricula certain foreign universities do not specifically identify on the transcript the individual courses listed above. If your transcript does not show these specific courses, you required to submit a notarized statement that you taken the equivalent of these courses.

2. Proof satisfactory to the Board that the applicant has completed all educational and training requirements to practice medicine in the foreign country in which the medical education was undertaken:
3. Documentation of completion of three (3) years of postgraduate clinical training in a program accredited by the ACGME, the LMCC or the AOA; and
4. A notarized, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

- B. Applicants shall arrange for a certified transcript of the applicant's premedical and medical education to be sent directly to the applicant so that the transcript can be submitted with the application in a sealed envelope unless the transcript is in a language other than English.

- C. If any document is in a language other than English, the applicant shall arrange for its translation into English before submission by a translation service acceptable to the Board and shall submit a notarized translation signed by the translator attesting to its accuracy.

FIFTH PATHWAY PROGRAM APPLICANTS

- A. An applicant educated in the Fifth Pathway Program shall furnish proof satisfactory to the Board that the applicant:

1. Was a resident of the United States during the period of enrollment in the foreign medical school;
2. Has successfully completed the didactic curriculum of a foreign medical school listed in the directory of medical schools published by the World Health Organization;
3. Has attained a passing grade on Foreign Medical Graduate Examination in Medical Sciences (FMGEMS);
4. Has completed one year of individually supervised clinical training, if the applicant graduated prior to January 1, 1990, or has completed two years of individually supervised clinical training, if applicant graduated after January 1, 1990, under the direction of a medical school accredited by the LCME at a level satisfactory to the Board; and

5. Possesses a Fifth Pathway Program Certificate.

- B. Applicants shall arrange for a certified transcript of the applicant's premedical and medical education to be sent directly to the applicant so that the transcript can be submitted with the application.
- C. If any document is in language other than English, the applicant shall arrange for its translation in to English before submission by a translation service acceptable to the Board and shall submit a notarized translation signed by the translator attesting to its accuracy.

EXAMINATIONS REQUIREMENTS

- A. An applicant taking step 3 of the USMLE shall furnish proof satisfactory to the Board that the applicant:
1. Has passed steps 1 and 2 of the USMLE; and
 2. Has successfully completed one year in a program of postgraduate clinical training in a program accredited by ACGME, LMCC or AOA.
- B. An applicant who has not attained a passing score on Step 3 of the USMLE after three (3) attempts shall complete one (1) additional year of accredited postgraduate clinical training before being eligible to take step 3 again.
- C. An applicant who has not attained a passing score on all three parts of the USMLE within a seven (7) year period, beginning with passing either Step 1 or Step 2, shall not be eligible for licensure in the District of Columbia by examination or other means.
- D. Applicants applying for licensure by examination may rely on any of the examination combinations shown below, provided that an acceptable combination is completed prior to January 1, 2000.

Examination Sequence	Acceptable Combinations
NBME (or NBOME)	
Part I	NBME Part I or USMLE Step 1
plus	plus
Part II	NBME Part II or USMLE Step 2
plus	plus
Part III	NBME Part III or USMLE Step 3
Examination Sequence	Acceptable Combinations
FLEX Component 1	FLEX Component 1
plus	plus
FLEX Component 2	USMLE Step 3
	or
	NBME Part 1 or USMLE Step 1
	plus
	NBME Part II or USMLE Step 2
	plus
	FLEX Component 2

Examination Sequence

Acceptable Combinations

USMLE Step 1

plus
USMLE Step 2

plus
USMLE Step 3

WAIVER OF EXAMINATION

The Board shall waive the examination requirement for an applicant who has passed:

- A. The FLEX examination prior to 1985 in a single sitting and in less than seven attempts; or
- B. The FLEX examination in 1985 or later in less than seven attempts; or
- C. Examination of the Licentiate of the Medical Council of Canada; or
- D. The National Board Examination and is a diplomate of the National Board of Medical Examiners; or
- E. The National Osteopathic Board Examination and is diplomate of the National Board of Osteopathic Examiners; or
- F. A state certified examination prior to June 30, 1979 and holds a license in good standing in a jurisdiction of the United States with requirements substantially equivalent to the requirements for licensure in the District of Columbia.

INFORMATION ON SUBMISSION AND REQUIREMENTS

A. DC New License Application for Medical Doctors and Osteopaths

This is the primary document in your application. **It must be notarized**, although it does not have to be notarized in the District of Columbia. Follow instructions on the form and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form. Note that you are to request verification of licensure from states where you have held a license to be sent directly to the DC Board of Medicine at the address on page 1. You should contact the applicable boards of medicine by phone before sending them a request by mail. Almost every state charges a fee for verifying licensure, and you should determine the fee and include the appropriate fee with your request for verification to the state of licensure in order to expedite the process.

B. Character Reference Forms

These completed forms may be submitted in sealed envelopes along with your application. Physicians must complete these forms. Blank character reference forms are included in this package.

C. Documentation of all post-graduate experience

Consult the license application for further information.

D. AMA Physician Profile

All applicants must request an AMA profile from the American Medical Association. It does not matter whether the applicant is a member of the AMA. The AMA may be contacted by phone at (312) 464-5195. An application is attached. Applicants should request that the AMA profile be sent to the Board of Medicine at the address shown on page 1.

E. Verification of Licensure

See A above. Note: If you were previously licensed in D.C. and that license expired more than five years ago, you should list your D.C. license in section 5C, but it is not necessary to get a verification. If you had a D.C. license that expired less than five years ago, you should complete the reinstatement application.

F. Examination Scores

You must request your prior certified examination scores from the appropriate authority, if you are applying by examination or waiver of examination. If you are applying by examination, you must request your examination score(s) for those sections of the examination that you have passed. If you are applying by waiver of examination, you must request all of your examination scores. These scores must come to The Office of Professional Licensing at address directly from the responsible organization. Key examinations and phone numbers for the appropriate organizations are as follows:

1. FLEX or USMLE: Contact the Federation of State Medical Boards of the United States, Inc. at (817) 868-4000.
2. NBME: Contact the National Board of Medical Examiners at (215) 590-9500.
3. State examinations: Contact the medical board of the examining state.
4. NBOME: Contact the National Board of Osteopathic Medical Examiners at (703) 635-9955.
5. LMCC: Contact the Medical Council of Canada at (613) 521-6012.

G. Undergraduate and Medical School Transcripts

Certified transcripts must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if you transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts need not be in sealed envelopes.

H. District of Columbia Computer-Based Testing USMLE Step III Candidate Examination Fee Form

Send this form with the examination fee (\$590.00; \$610.00 after 9/1/03) at the address shown on the form. The check should be made payable to USMLE per the instructions on the form.

I. Applications and License Fees

You must pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks should be made payable to "Promissor". Do **NOT** send cash. Please print your name on your check, if it is not preprinted. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from the applicant to close the application. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

	Application Fee	License Fee	Exam Fee *
Examination	\$ 65.00	\$ 156.00	\$ 590.00
Re-examination	\$ 65.00	—	\$ 590.00
Waiver of Examination	\$234.00	\$ 312.00	—
Eminence 1	\$234.00	\$ 312.00	—
Eminence 2	\$650.00	\$1300.00	—

***Payable to FSMB (fee subject to change; \$610.00 after 9/1/03)**

DC Medical licenses expire on December 31 of even numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board within thirty days of moving. The Board will update the address change in your database record. Requests for address change should be made via letter. Send the letter to the Board at the address on page 1. Without an updated address, you will not receive your renewal notice.

J. ECFMG Certificate

Educational Council for Foreign Medical Graduate Certificates may be requested by calling the Council by phone at (215) 386-5900 and by fax at (215) 386-9196.

K. Fifth Pathway Program Certificates/FMGEMS Certificates

Fifth Pathway Program Certificates and Foreign Medical Graduate Examination in Medical Science certificates may be requested from the Education Council for Medical Graduates. They may be reached at the number shown above.

COMPLETING THE LICENSE APPLICATION

Section 1A. TYPE OF LICENSE

- a. There are two types license of which you are applying. Check the box next to the license description.

Section 1B. BASIS OF APPLICATION

- a. Check the box next to the basis by which you are applying. NOTE: Do not select Examination if you have already passed the USMLE Step 3 Examination. To make assure that you select the correct basis of application. Review "Methods of Licensure and Qualifications" listed on page 2, and the "Examination Requirements" listed on pages 4 and 5 of the instructions. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to Promissor and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee total are listed on the application.
- b. *The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license application fee includes one new license print showing the new effective date and expiration date. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).**
- c. DC Medicine and Surgery (MD) and Osteopathy and Surgery (DO) licenses expire on December 31 of even numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. DOH/HPLA staff will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA, Board of Medicine address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Sections 2. APPLICANT NAME / DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that is has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

Sections 3. PREVIOUS NAME

If your name has changed at any point since you first registered with the American Medical Association, taken any exams or attended a college/university, please note below in order for us to correctly file your supplemental documents with your application.

Sections 4A & B. HOME ADDRESS / BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO box, a street address should also be provided.

Section 4C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 5A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including medical/professional schools. List schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants: Certified must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if you transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts need not be in sealed envelopes.

Section 5B. MEDICAL TRAINING AND MEDICAL PRACTICE

List all experience since medical/professional school graduation. Include letters form employing facilities, internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent at the top. Note: If "OTHER" description is selected, please attach a typed explanation to this form. If you were unemployed or self-employed for any period of three months or more please include a statement to that effect on a separate sheet of paper. All letters attached with this application should include beginning and ending dates.

Section 5C. MEDICAL LICENSES IN OTHER STATES / JURISDICTIONS

List all states and jurisdictions in which you have ever held a similar professional license. You must request verification of licensure for all of these licenses, past and/or present. It is not necessary to get verifications of training licenses.

Section 6. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Medicine. Keep a photocopy of all supporting documents for your records.

Section 7. SCREENING QUESTIONS

If you answer "yes" to questions A through I, then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

If your practice is limited to a specialty, please indicate the code from the specialty list below.

If you are certified by the "American Board of" any specialty, please indicate the code form the specialty list below.

SPECIALITIES		
AD Administrative Medicine AL Allergy & Immunology AN Anesthesiology CO Colon & Rectal Surgery DE Dermatology EM Emergency Medicine FA Family Practice IN Internal Medicine MG Medical Genetics	NE Neurological Surgery NU Nuclear Medicine OB Obstetrics & Gynecology OP Ophthalmology OR Orthopaedic Surgery OT Otolaryngology PA Pathology PE Pediatrics	PH Physical Medicine & Rehabilitation PL Plastic Surgery PR Preventive Medicine/Public Health PS Psychiatry & Neurology RA Radiology SU Surgery TH Thoracic Surgery UR Urology

Section 8. LICENSEE AFFIDAVIT

Your application must be notarized by a notary public in any state or jurisdiction. It can be, but does not need to be notarized by a notary public within the District of Columbia.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA's website at <http://www.dchealth.dc.gov> or call HPLA's Customer Service number at 1-888-204-6193. The forms that make up this package are:

Medicine & Osteopathy, New License Instructions
Medicine & Osteopathy, New License Application
Chapter 46 Medicine, Municipal Regulations
Examination and Board Action History Report (EBAHR)
Clean Hands Form
Character Reference Forms (3)
American Medical Association (AMA) Physician Profile Form
Computer-Based Testing USMLE Step III Candidate Examination Fee Form /
Application and Instructions

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing medicine licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing medicine are included in *DC Municipal Regulations Title 17, Chapters 46*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Medicine if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

DC BOARD OF MEDICINE APPLICATION SUBMISSION REQUIREMENTS

	EXAMINATION	RE-EXAM	WAVIER OF EXAMINATION	EMINENCE 1	EMINENCE 2
DOCUMENTS	(USMLE)	(USMLE)	USMLE/FLEX/NBME/NBOME/ LMCC/State Constructed	(DCMR 17 Sec. 4608.1)	DC Act 11-26 LTD. LIC.
Application for DC License	X	X	X	X	X
Two (2) Passport Type Photos	X	O	X	X	X
Three (3) Character Reference Forms	X	O	X	X	X
Documentation of all Post-graduate Experience	X	O	X	X	X
AMA Profile	X	O	X	X	X
Verification of Licensure	O	O	X	X	X
Examination Scores	(Steps 1 & 2)	O	X	O	O
Undergraduate Transcript	X	O	X	X	X
Medical School Transcript	X	O	X	X	x
CBT USMLE Step III Examination Fee Form	X	X	O	O	O
Application and License Fees	\$221	\$65	\$546	\$546	\$1950
Examination Fee	*\$590	*\$590	O	O	O
Foreign Trained Physicians add: ECFMG Certificate	X	O	X	X	X
Fifth Pathway Applicants add: Fifth Pathway Program Certificate	X	O	X	X	X
FMGEMS Certificate	X	O	X	X	X
Eminence Applicants only add: Curriculum Vitae	O	O	O	X	X
List of Publications	O	O	O	X	X
List of Honors and Awards	O	O	O	X	X
Letter of Recommendation from Institution Head	O	O	O	O	X
HI Visa Status Certificate	O	O	O	O	X
5 Letters from Renowned American Specialist in Field	O	O	O	O	X
Letter of Acceptance from Sponsoring Institution	O	O	O	O	X

X = Required

O = Not required

*** Subject to change; payable to FSMB (\$610.00 after 9/1/03)**

Note: All applicants must document name changes if applicable. Check or money order MUST be made payable to Promissor.